

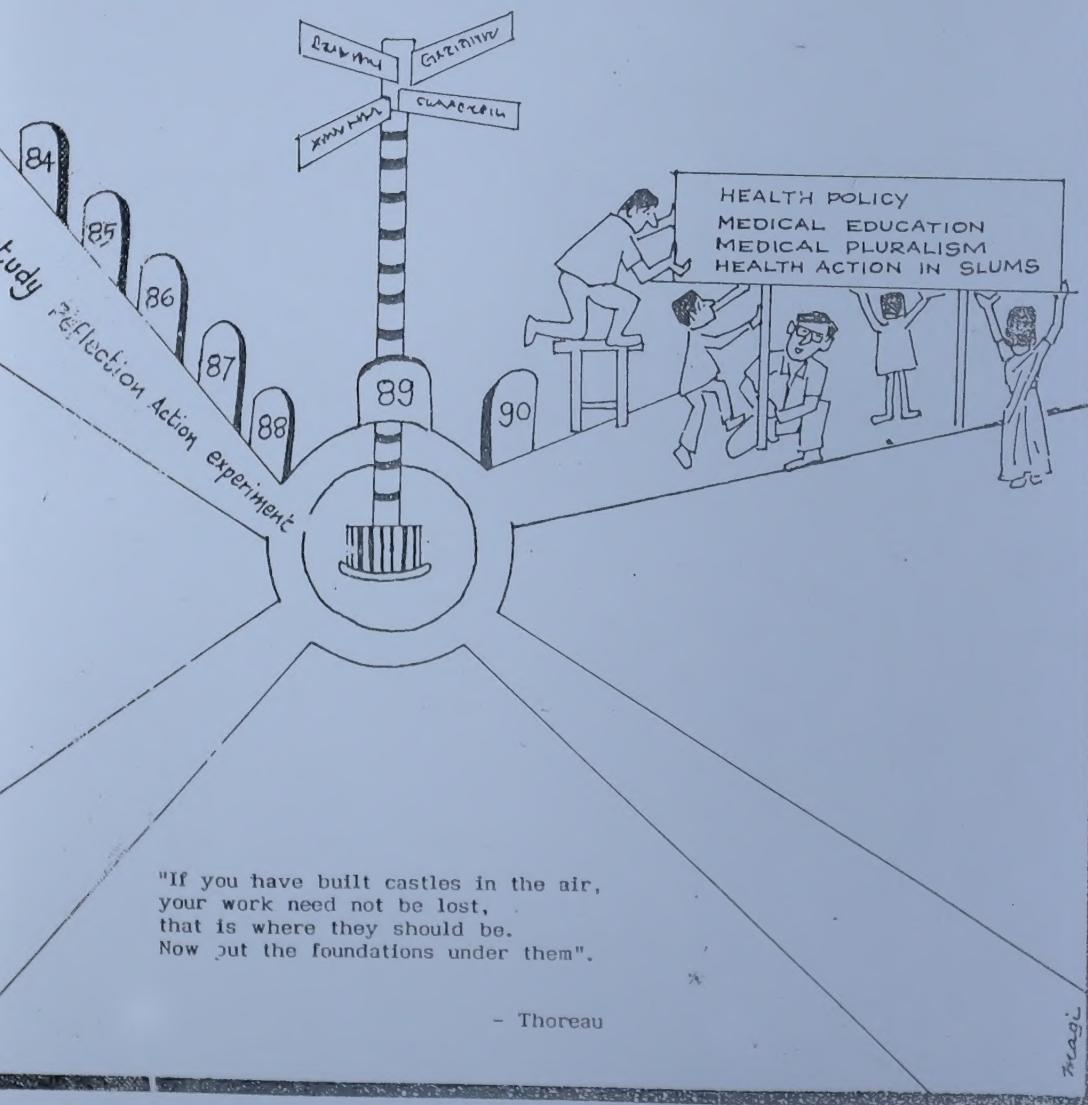
Now to a story of

- PERSONAL GROWTH
- COLLECTIVE QUEST
- MEDICAL COLLEGE TO A
TEACHING COMMUNITY
- MEDICINE TO HEALTH
- PUBLIC HEALTH TO COMMUNITY
COMMUNITY MEDICINE HEALTH
- PROVIDING TO ENABLING
- A CONTINUING QUEST FOR
PATTERNS
CLARITY
RELEVANCE

CHC Newsletter

July 1, 1980

an occasional publication



"If you have built castles in the air,
your work need not be lost,
that is where they should be.
Now put the foundations under them".

- Thoreau

1984
→

COMMUNITY HEALTH CELL

Study-reflection
Action experiment
in COMMUNITY HEALTH

Focus *India - Principles
Karmiksha Process*

Team of Four
Based in informal cell
(Bangalore)

Supportive Consultancy
to
NGO/Volags in Karnataka

+
VHAI
CHAI
Forward
UNICEF

Coordinating
Agencies.

DEVELOPMENT DEBATE

Present mode of Development

Socio-Economic CHANGES?

ECOLOGICAL CHANGES?

HEALTH + NUTRITION
CHANGES?

Medico Friend Circle

National network of
Doctors and Health
activists

→ Relevant Health Policy
• Medical Education
for INDIA

+ Core group of
40 all over
INDIA

- Convenor - Organisation responsibility
- Editor - mfc monthly bulletin
- Health and Medicine - under the Lens (III Anthology)
- Meetings

Alternatives in Medical Education
— (II Anthology)

TC and Society

Issues in Environmental
Health
Case study: Pesticides

● Research

Bhopal Disaster

Epidemiological Study
Pregnancy Outcome

● Movement

All India Drug
Action Network.

3

STUDY-REFLECTION FINDINGS

① PROCESS OF ENABLING PEOPLE/COMMUNITIES TO INCREASE THEIR RESPONSIBILITY AND AUTONOMY OVER ORGANISATIONS, MEANS, OPPORTUNITIES, KNOWLEDGE, SUPPORTIVE STRUCTURES, THAT MAKE HEALTH POSSIBLE. (EMPOWERMENT)

② PROCESS TO INTEGRATE MEDICAL/HEALTH INTERVENTIONS WITH DEVELOPMENT - AGRICULTURE, INDUSTRY, INCOME GENERATION ETC., EDUCATION - Formal & Non Formal

PHC

③ PROCESS TO MAKE HEALTH INTERVENTIONS MORE RELEVANT, COST EFFECTIVE, APPROPRIATE, ACCESSIBLE, THROUGH APPROPRIATE TECHNOLOGY - Technology, person, Health Information, Health Communication, UTILIZATION OF TRADITIONAL COMMUNITY RESOURCES, MANAGEMENT TECHNIQUES.

PHC

④ PROCESS OF INITIATING A DEMOCRATIC, PARTICIPATORY, DECENTRALISED DECISION MAKING PROCESS THROUGH COMMUNITY PARTICIPATION, HEALTH COMMITTEES, CLUSTERS/COOPERATIVES, VILLAGE BASED WORKERS, etc.

PHC

- 1) PROCESS INVOLVING DEMOCRATIC, PARTICIPATORY, DECISION MAKING AND PLANNING WITHIN COMPONENTS OF HEALTH TEAM AT ALL LEVELS.
- 2) PROCESS INVOLVING COMMUNITY AWARENESS BUILDING CHARACTERISED BY DEMYSTIFYING CONSCIENTIZING NON-FORMAL PROBLEM SOLVING PEDAGOGICAL PROCESS.
- 3) PROCESS INVOLVING COMMUNITY 'BUILDING' AND GROUP EMPOWERING ACTIONS RECOGNISING INEQUITOUS AND STRATIFIED SOCIETY CONFLICTS OF INTEREST INEVITABLE SOCIAL TENSIONS ORGANISING MARGINALISED/EXPLOITED ABSENCE OF 'COMMUNITY' EVEN AMONG POWERLESS.
- 4) PROCESS INVOLVING CONFRONTATION OF 'MEDICAL MODEL PERSPECTIVES' IN HEALTH ACTION INCLUDING OVER MEDICALIZATION COMPARTMENTALIZATION PHYSICAL OVER-BIASES OVER PROFESSIONALISATION OVER EMPHASIS ON DRUGS/TECHNOLOGY PREOCCUPATION WITH ALLOPATHY AND EVOLUTION OF NEW APPROACHES

② PROCESS CONFRONTING EXISTING COMPONENTS
OF THE MEDICAL/HEALTH SUPERSTRUCTURE

HOSPITALS/DISPENSARIES/HEALTH CENTRES

MEDICAL/NURSING EDUCATION

PARA-MEDICAL TRAINING INSTITUTIONS

MEDICAL RESEARCH CENTRES

PROFESSIONAL ASSOCIATIONS

MEDICAL SPECIALISTS
/ SPECIALIZATIONS

TO BECOME MORE

③ PEOPLE ORIENTED	Sensitive to social realities of large majority
④ 'COMMUNITY' ORIENTED	Problems of community, not individuals only
⑤ SOCIO-EPIDEMIOLOGICAL ORIENTED	Recognize multidimensional nature of health.
⑥ DEMOCRATIC	Participatory in Planning /decision making process
⑦ ACCOUNTABLE	Medicine/Technology/Actions subservient to peoples' health and societal goals.
⑧ RELEVANT	Appropriate/Cost effective Culturally acceptable etc.

COMMUNITY HEALTH INITIATIVES

RURAL DEVELOPMENT PROGRAMME
WITH HEALTH COMPONENT

MEDICAL/HEALTH PROGRAMME
BASED IN COMMUNITY

INTEGRATED DEVELOPMENT PROGRAMME
IN A TRIBAL AREA

ADULT EDUCATION/ NON FORMAL EDUCATION
PROGRAMME WITH HEALTH COMPONENT

SCIENCE EDUCATION/AWARENESS
BUILDING MOVEMENT IN COMMUNITY
(STATE)

COMMUNITY EXTENSION/OUTREACH
PROGRAMME OF MEDICAL INSTITUTION
(Hospital, Dispensary)

DEVELOPMENT AND HEALTH ANIMATORS
/ORGANISERS TRAINING PROGRAMMES

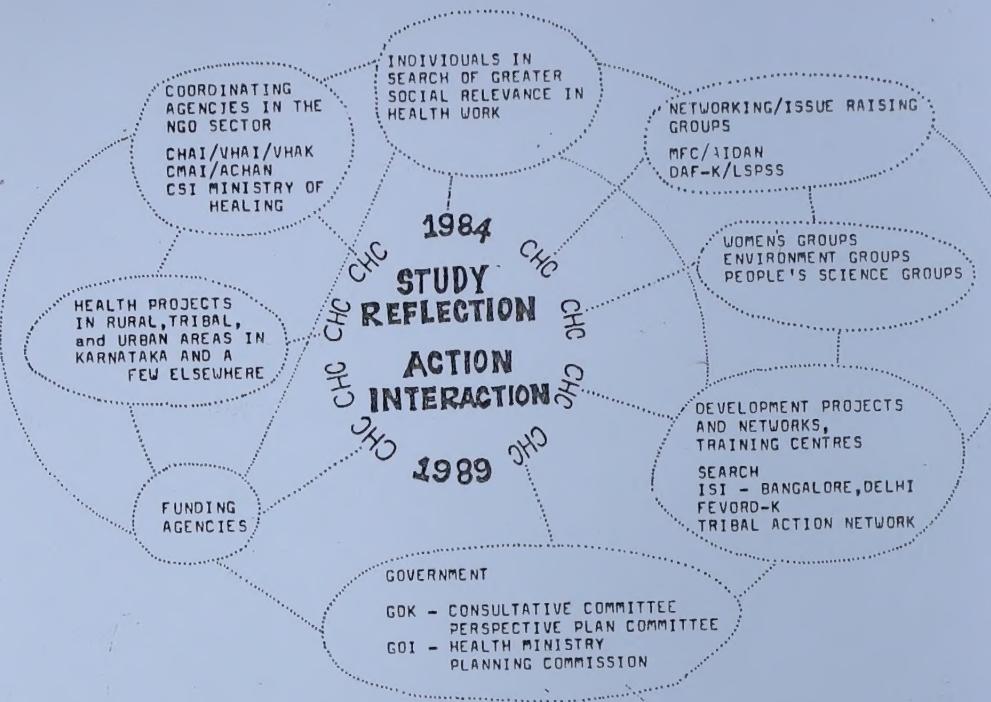
SCHOOL BASED HEALTH PROGRAMMES

HEALTH COMPONENT IN ENVIRONMENTAL
MOVEMENT / TRADE UNION MOVEMENT /
WAGHS MOVEMENT / OTHER SOCIAL MOVEMENT

HEALTH AND COMMUNITY ACTION INITIATORS
IN URBAN SLUMS.

COORDINATING GROUPS IN VOLUNTARY HEALTH
ASSOCIATIONS / DOCUMENTATION / COMMUNICATION

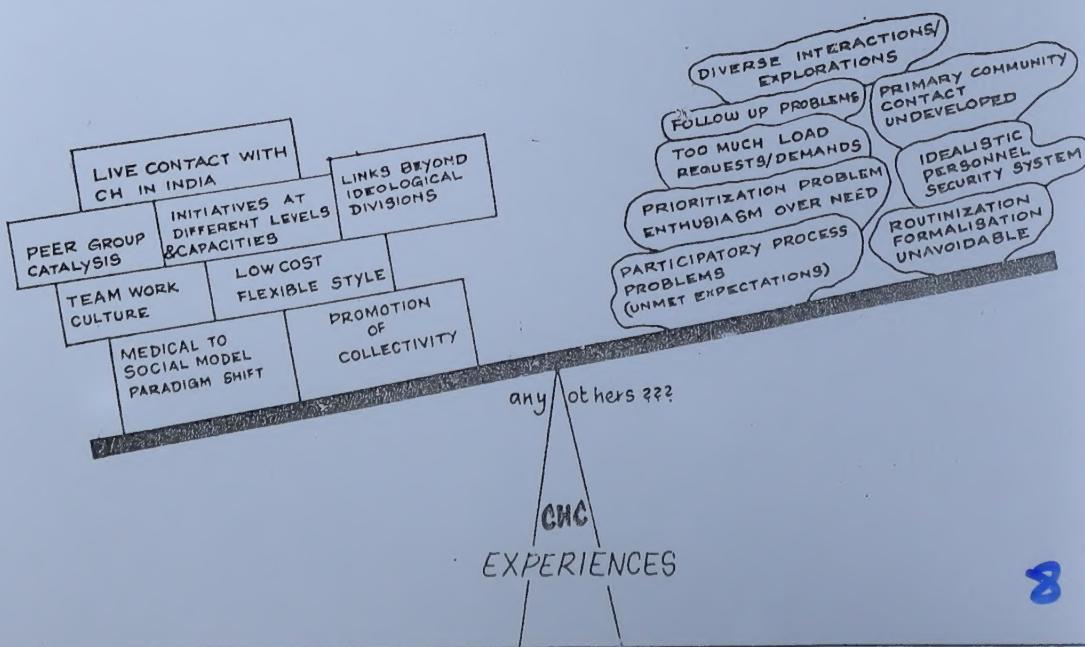
CHC - THE WEB OF INTERACTION

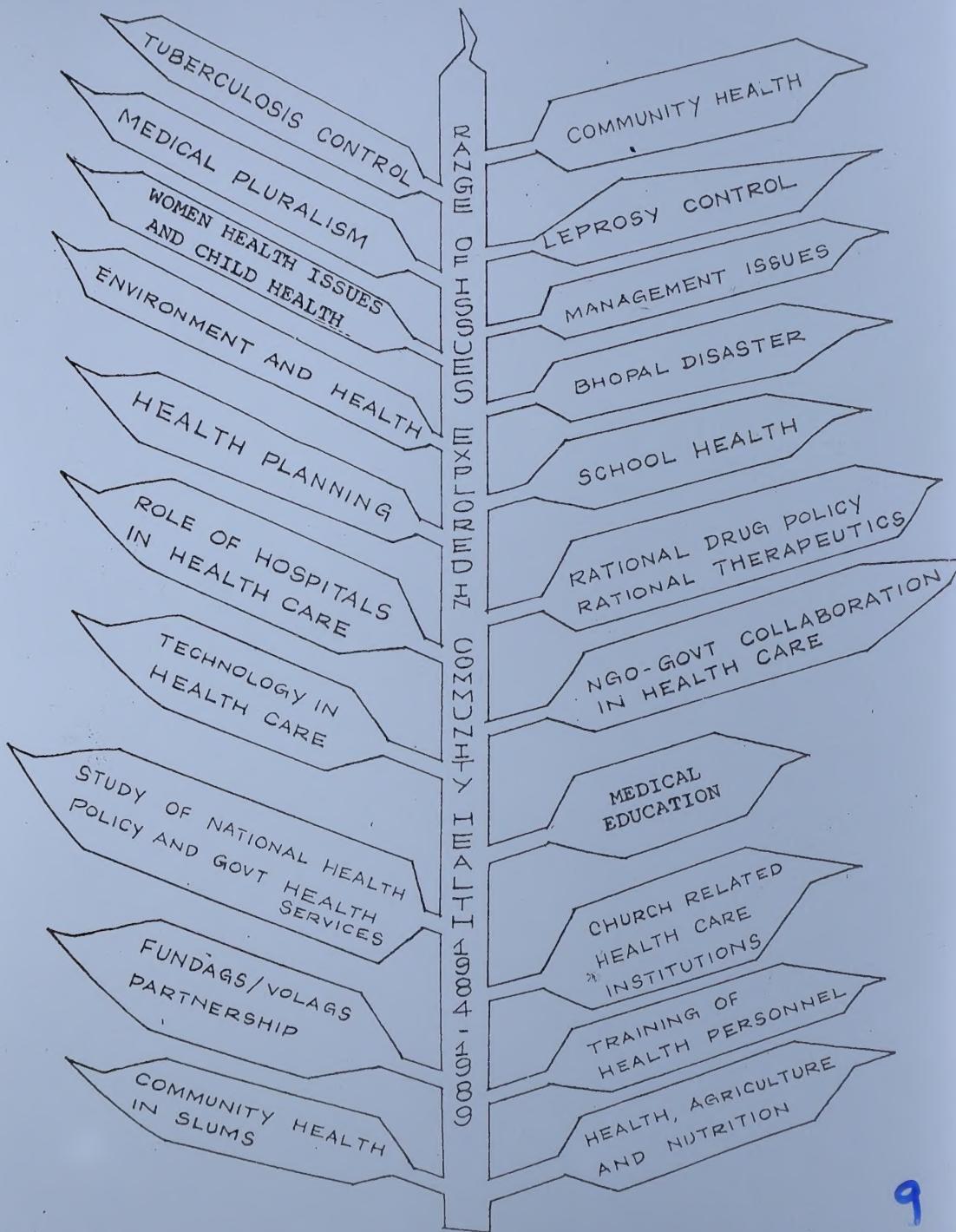


CHC - A SWOT ANALYSIS

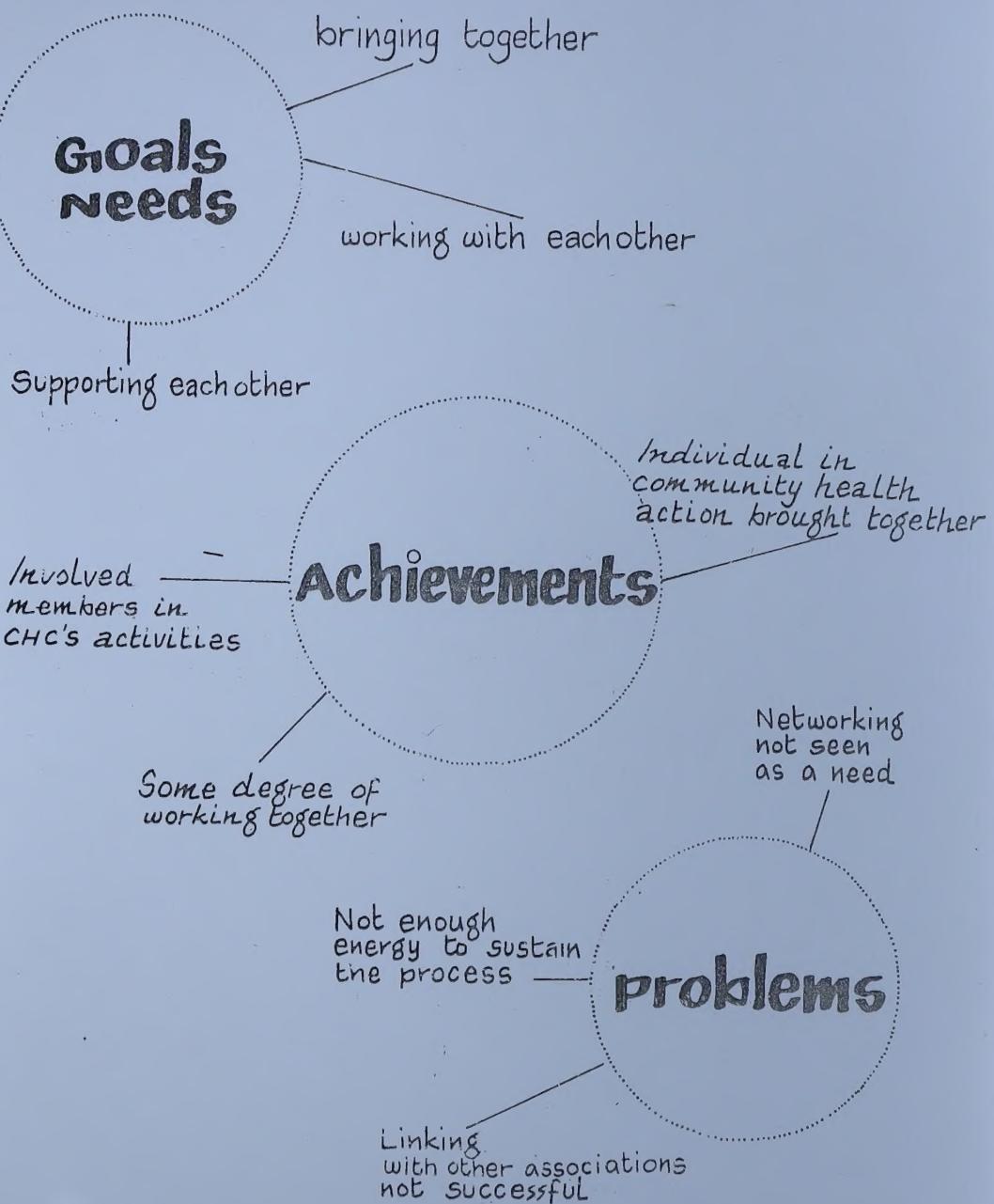
STRENGTHS - OPPORTUNITIES

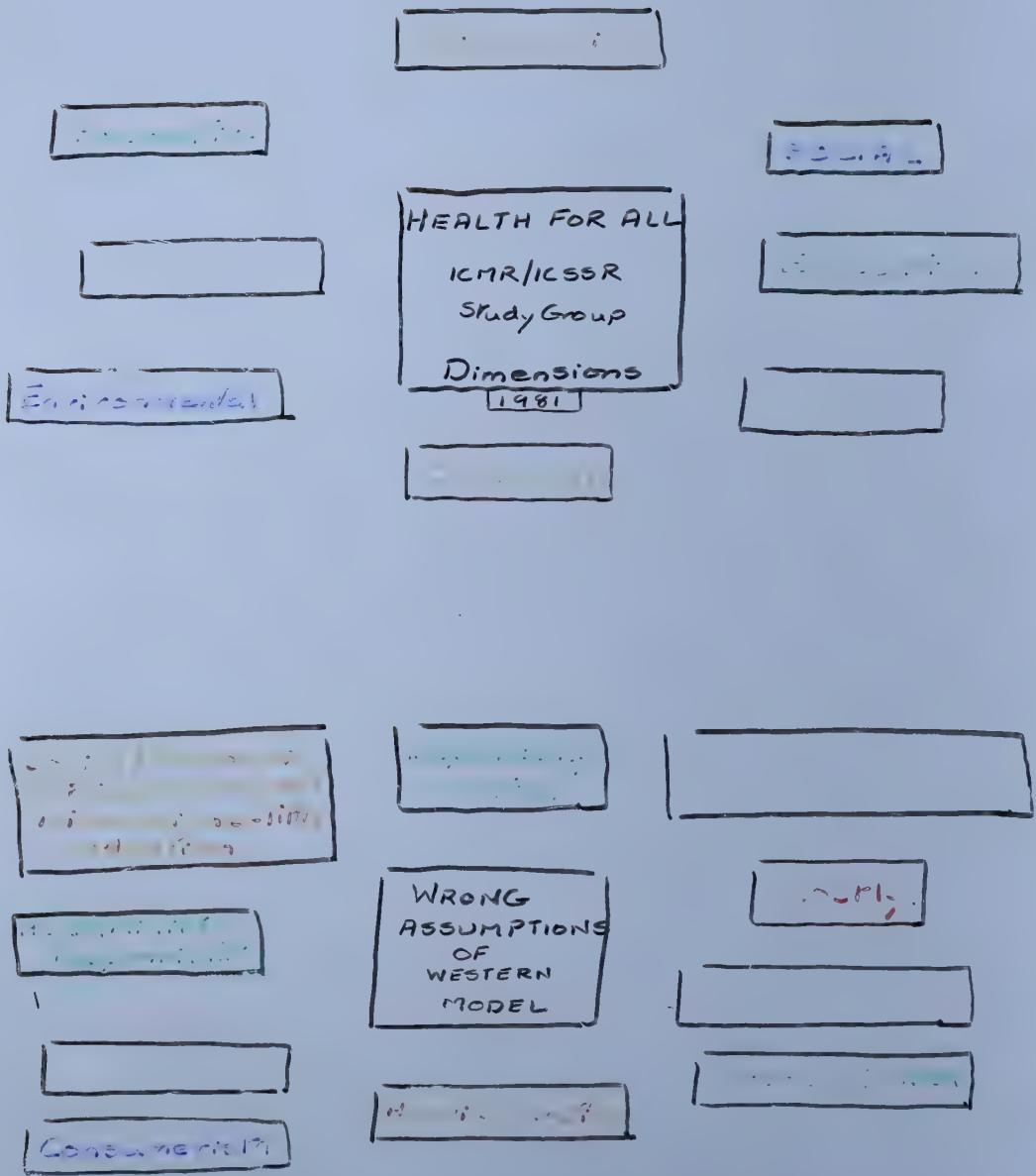
WEAKNESSES-THREATS



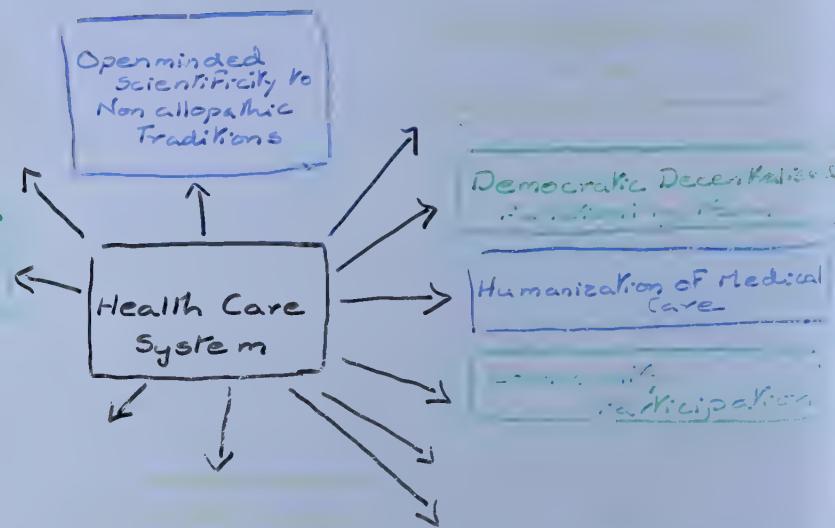


NETWORKING





More of the Present → Costly Wasteful → Will complicate 'Health' problems instead of solving it.



Medico-Friend Circle
(A thought current)
1976 →

RANGE OF ISSUES EXPLORED /N COMMUNITY HEALTH 1984-'89

- COMMUNITY HEALTH
- LEPROSY CONTROL
- SCHOOL HEALTH
- POPULATION ISSUES
MCH
NATURAL FAMILY PLANNING
- STUDY OF NATIONAL
HEALTH POLICY AND
GOVT HEALTH SERVICES
- MANAGEMENT ISSUES
- THE Bhopal DISASTER
- COMMUNITY HEALTH
IN SLUMS
- FUNDAGS/VOLLAGES
PARTNERSHIP
- HEALTH PLANNING
- WOMEN HEALTH ISSUES
- THE Bhopal DISASTER
- ENVIRONMENT
AND HEALTH
- HEALTH, AGRICULTURE
AND NUTRITION
- HEALTH PLANNING
- MEDICAL PLURALISM
- CHURCH RELATED
HEALTH CARE
INSTITUTIONS
- ROLE OF HOSPITALS
IN HEALTH CARE
- RATIONAL DRUG POLICY
RATIONAL THERAPEUTICS

ORIGINS OF A RESEARCH APPROACH, INTEREST IN CHC (FROM 1983)

- THE NEED TO LEARN MORE ABOUT THE DETERMINANTS AND DYNAMICS OF COMMUNITY HEALTH ACTION AS IT TAKES PLACE IN DIFFERENT SITUATIONS
- THAT THERE IS AN INFORMATION GAP
 - 1 AMONG CH&D GROUPS, ABOUT -
 - SIMILAR / DIFFERENT ACTION IN OTHER PLACES
 - ABOUT GOVT. POLICIES AND PROGRAMMES
 - 2 IN THE GOVT. ABOUT CH. ACTION IN THE FIELD.
- TO PLAY A CATALYST / SUPPORT ROLE.

CHC - RESEARCH EFFORTS (1984-1992)

Study Reflection on Community Health
Bhopal intervention Through The mfc
support role in

- socio-epidemiological survey
- pregnancy outcome

• Review of all epidemiological studies

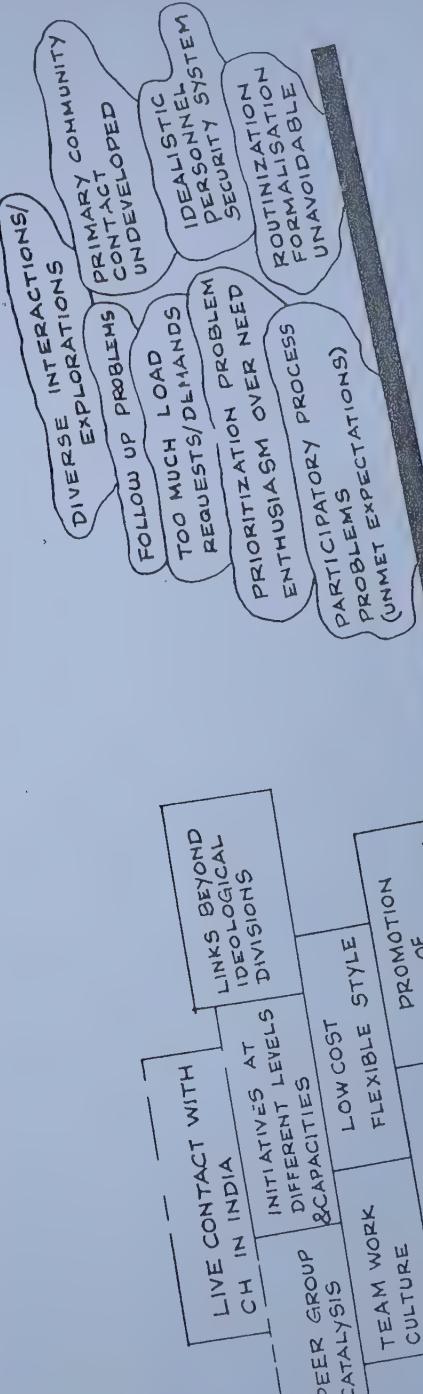
with ICORCI

planning phase of an
Evaluation of the National T.B. Control
Programme.

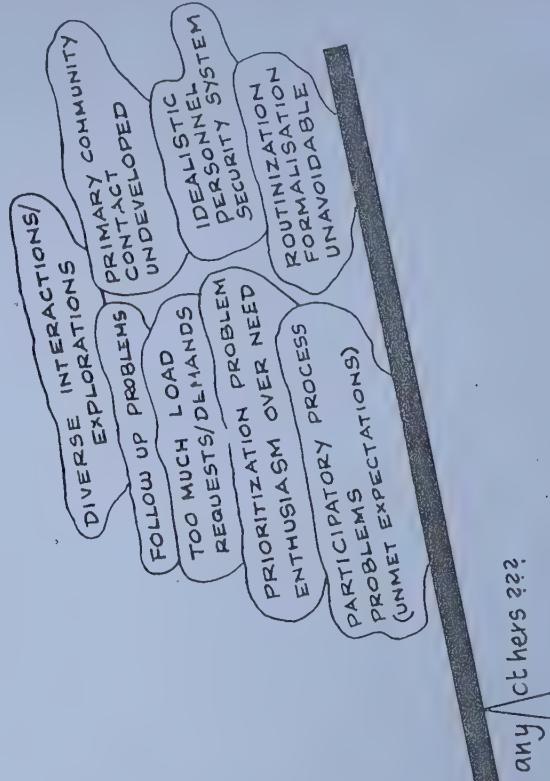
1. Evaluation of CHDP, KSES
2. Evaluation of Child Survival Child Develop^{ment} Programme of CMAI
3. Study on Strategies towards greater community orientation and social relevance of medical education in India
A 2 year study sponsored by CMAI - CHAI
4. CHAI Golden Jubilee Evaluation Study
1½ year study - on going.
5. Evaluation of Reaching the Unreached, Madurai

CHC-A SWOT ANALYSIS

STRENGTHS-OPPORTUNITIES



WEAKNESSES-THREATS



any others ???

CHC
EXPERIENCES

THE ALTERNATIVE

CH-TRAINERS

1970's →

AMBLLIKAI

JAMKHED

DEENABANDHU

PACHOD

RUHSA

INSA

SJMC

VHAI

CHAI

CMAI

THE ALTERNATIVE

DEVELOPMENT TRAINERS

SEARCH

TRACE

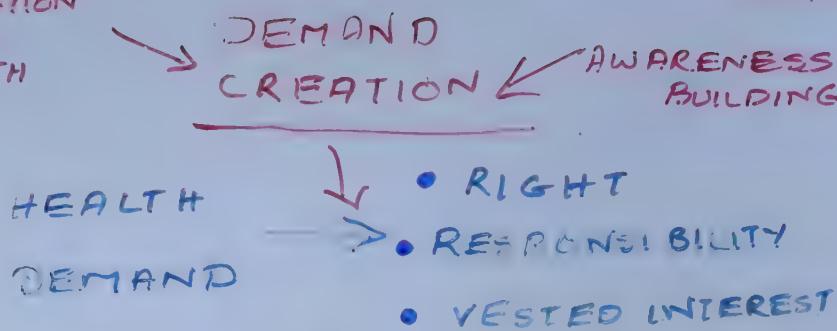
BSC (Ahmedabad)

ISI (Bangalore)

ICRA (Bangalore)

AND

AND



HEALTH CARE

IN INDIA - (An overview)

- AN INDIAN OVERVIEW.
- SJMC → SJNAHS
- Health Care - Crisis + Challenge
- How can you be involved

NEWS FROM/OF SJMC → SJNAHS

NEWS FROM/OF ALUMNI

THEME: ~~THE SHIFT WITH ACTION~~
~~THE SHIFT FOR A PARADIGM~~
~~SHIFT~~

PARADIGM: A 'NEW PATTERN OF IDEAS'

ACTION: COMMUNITY LEVEL
INTERACTION

PROJECT	RESEARCH
PROGRAMME	TRAINING
MOVEMENT	ACTION

NOT EITHER OR BUT
(CHANGE OF EMPHASIS)

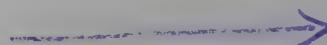
↓
NEW INITIATIVES

CREATIVE OPTIONS

SUSTAINABLE-EFF.
PROCESSES

RELEVABLE: IN CRISIS OF HEALTH
RELEVANT EVERYWHERE

REF/CONCEPT: NOT NEW
BUT ENDORSEMENT
FURTHER DEVELOPMENT



Interactive Dialogue

- TB + SOCIETY
- MEDICAL EDUCATION
- ENVIRONMENT + HEALTH
- REVITALISING mFc

RATIONAL DRUG CAMPAIGN

- mFc initiatives
 - Study
 - newsletter
- AIDAN formation

THE mFc phase
(1984-86)

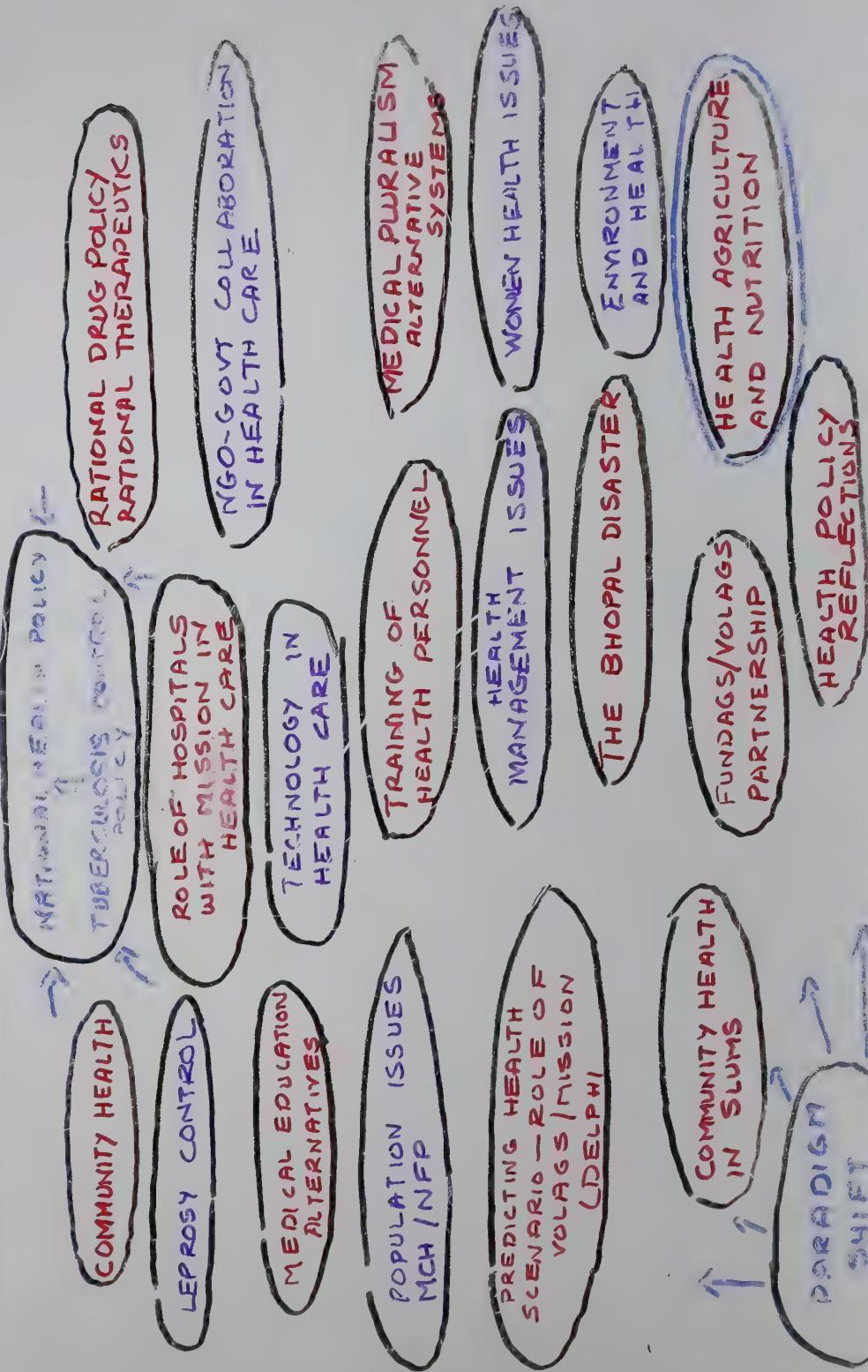
BHOPAL Involvement

- SOCIO EPIDEMIOLOGICAL STUDY
- COMMUNICATION STRATEGY
- AWARENESS BUILDING ON ISSUES

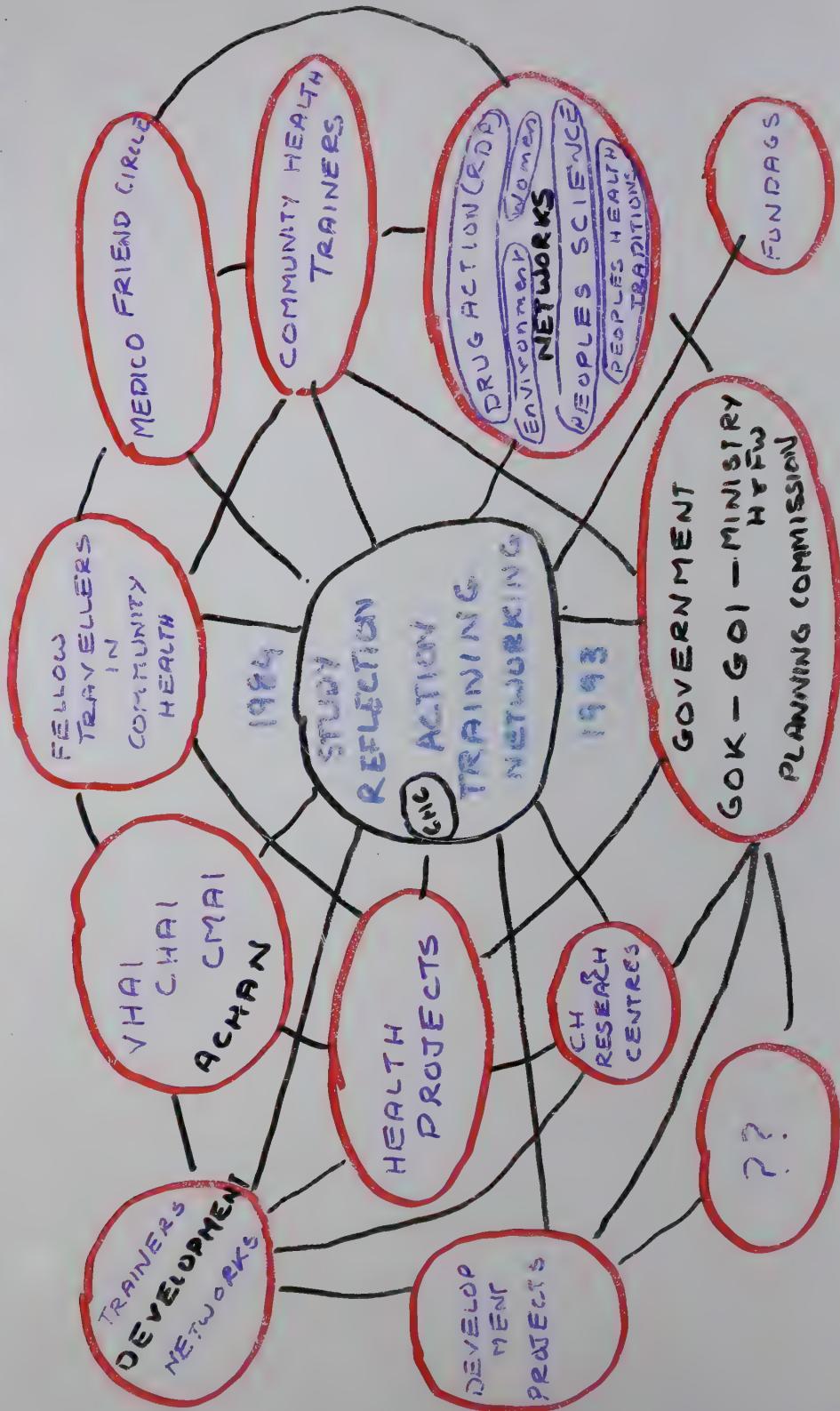
mFc Bulletins 101-120

- +
- Special Newsletters
- Medical Education Anthology
- Bhopal Studies and Pamphlets

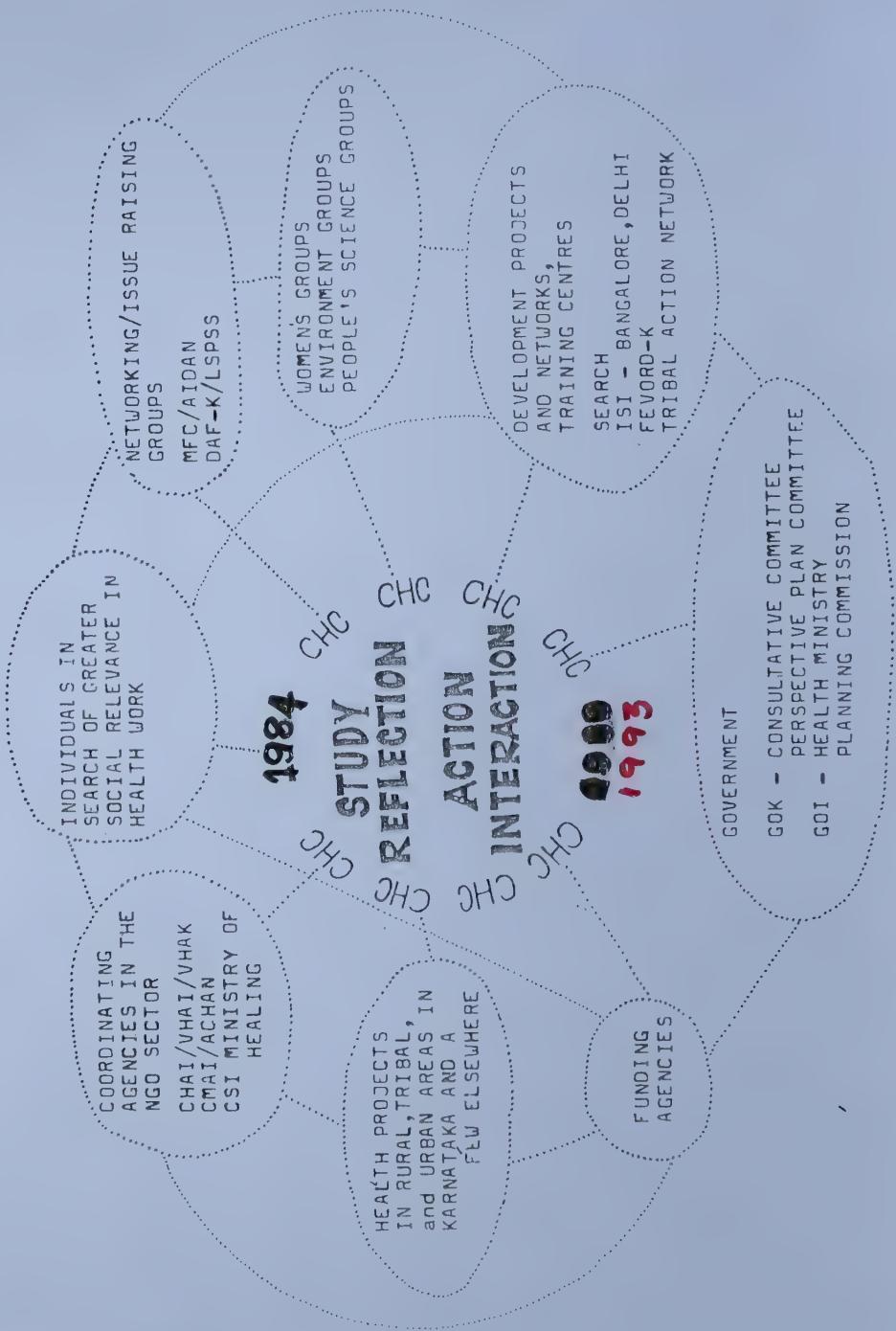
RANGE OF ISSUES EXPLORED IN COMMUNITY HEALTH 1984-93



CHC - THE WEB OF INTERACTION - LINKAGES



CHC - THE WEB OF INTERACTION



24

CHC Activities:

- TRAINING
- NETWORKING
- RESEARCH & EVALUATION
- CHC AS A RESOURCE
- LIBRARY AND DOCUMENTATION
- TEAM AND STAFF TRANSFORMATION
- CHC CONSOLIDATION AND SABBATICAL

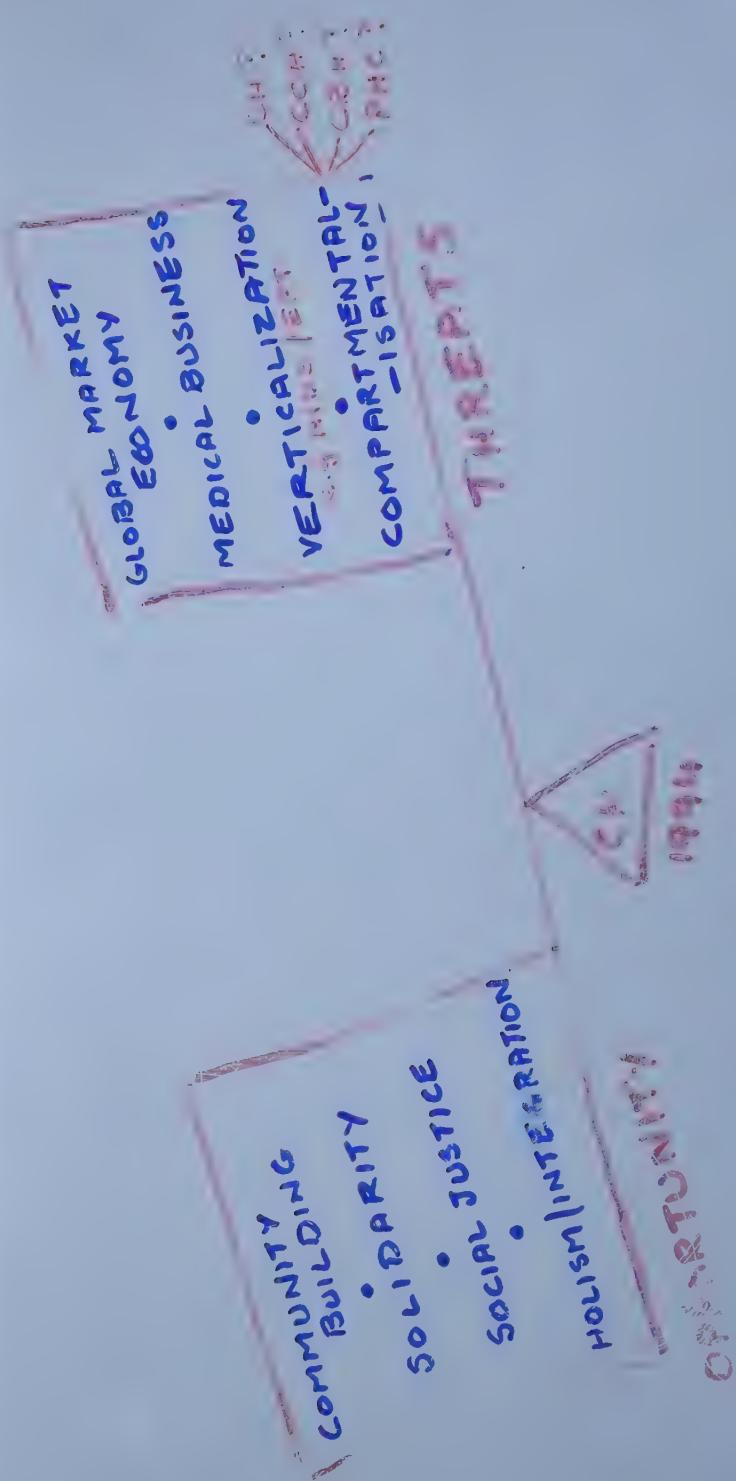
TRAINING

- JSS
- MANUSH AND RORES
- J. P. NAGAR SLUMS
- STREET CHILDREN ORGANISATIONS
- ORBIT

NETWORKING

- CH FORUM MEETINGS
- MEETINGS / WORKSHOPS ATTENDED
- VOLUNTARY ORGANISATIONS

SABBATICAL



PEOPLE'S CONTROL
DEMISTIFICATION
AUTONOMY BUILDING
Biology
• Physical
• Mental
• Social

PROJECT PACKAGES ↑
VS PROCESS ORIENTATION ↓
INADEQUATE ORIENTATION ↓
ATTITUDE SKILLS ↓
VALUES ↓

MANGALORE
MALARIA
INITIATIVE
(CIVIC SOCIETY)

WOMENS
EMPOWERMENT
TRAINING
(TB/M/ AIDS included)

JANA SWASTHYA
RAKSHAK
(MP)
VILLAGE HEALTH
VOLUNTEER
(CH GUARANTEE
SCHEME)

COMMUNITY
MOBILIZATION
AND
ADVOCACY
FOR RBM
IN SOUTH ASIA

HEALTH

POVERTY

SOUTH ASIAN
DIALOGUE ON
POVERTY &
HEALTH
CIVIC SOCIETY/ ACADEMIC
RESEARCHER/ NGO
POLICY MAKERS

INTERSECTORAL
RESEARCH
NETWORK
(DIALOGUE @
ICMR/RBM)

PEOPLES HEALTH
PARLIAMENT - CALCUTTA
PEOPLES HEALTH
ASSEMBLY - DHAKA
15 NATIONAL NETWORKS
& 1000 participating
organizations

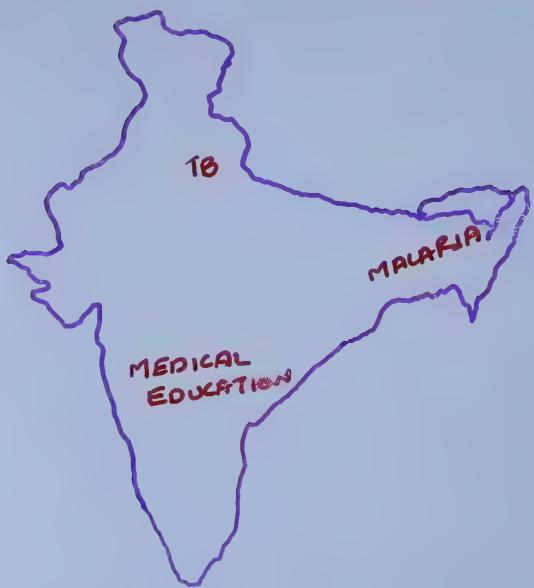
KEY WORDS IN THE RESEARCH APPROACH

- SPIRIT OF ENQUIRY
- OPENNESS - WANTING TO LEARN / UNDERSTAND
- TRYING TO MAINTAIN OBJECTIVITY
- CRITICAL - ANALYTICAL APPROACH
- NEED TO BE SOCIALLY RELEVANT
- INTERACTIVE
- BALLOONIST.

GOVT. VOLAG

ACADEMIC ACTIVIST
COMMUNITY

" POLICY RESEARCH "



NETWORKING

DAF

← LOCAL

STATE

VHA(K)

DAF-K

CHAI(Ka)

CMAI(S)

NATIONAL

MFC

LSPSS

VHAI

AIDAN

ASIAN

ACHAN

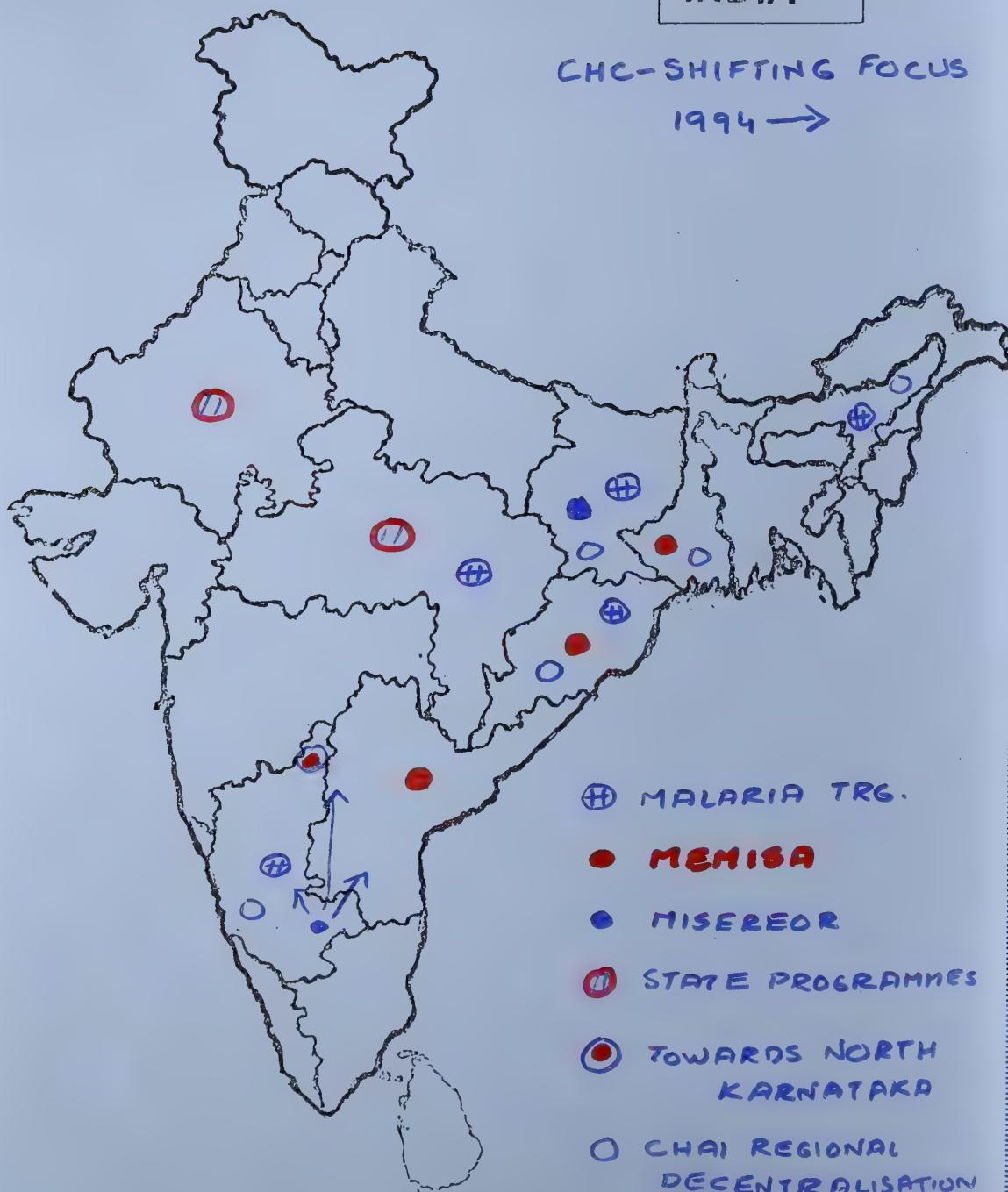
INTERNATIONAL

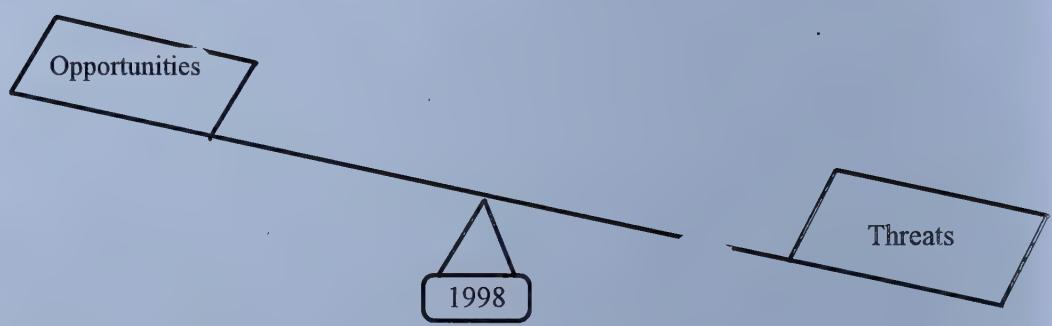
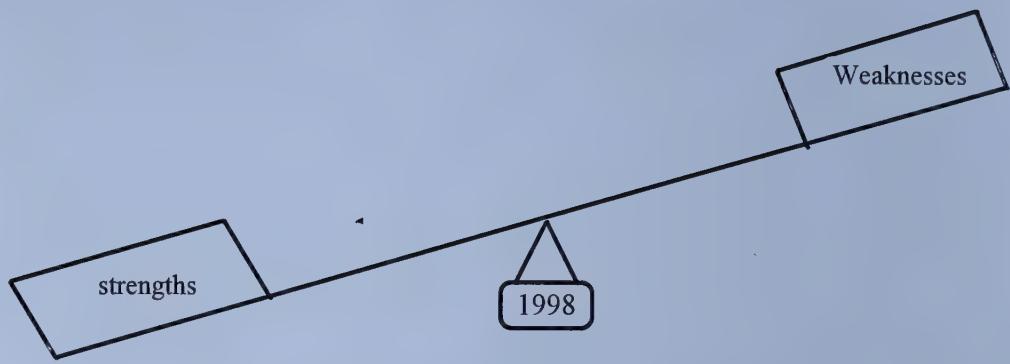
IPHN

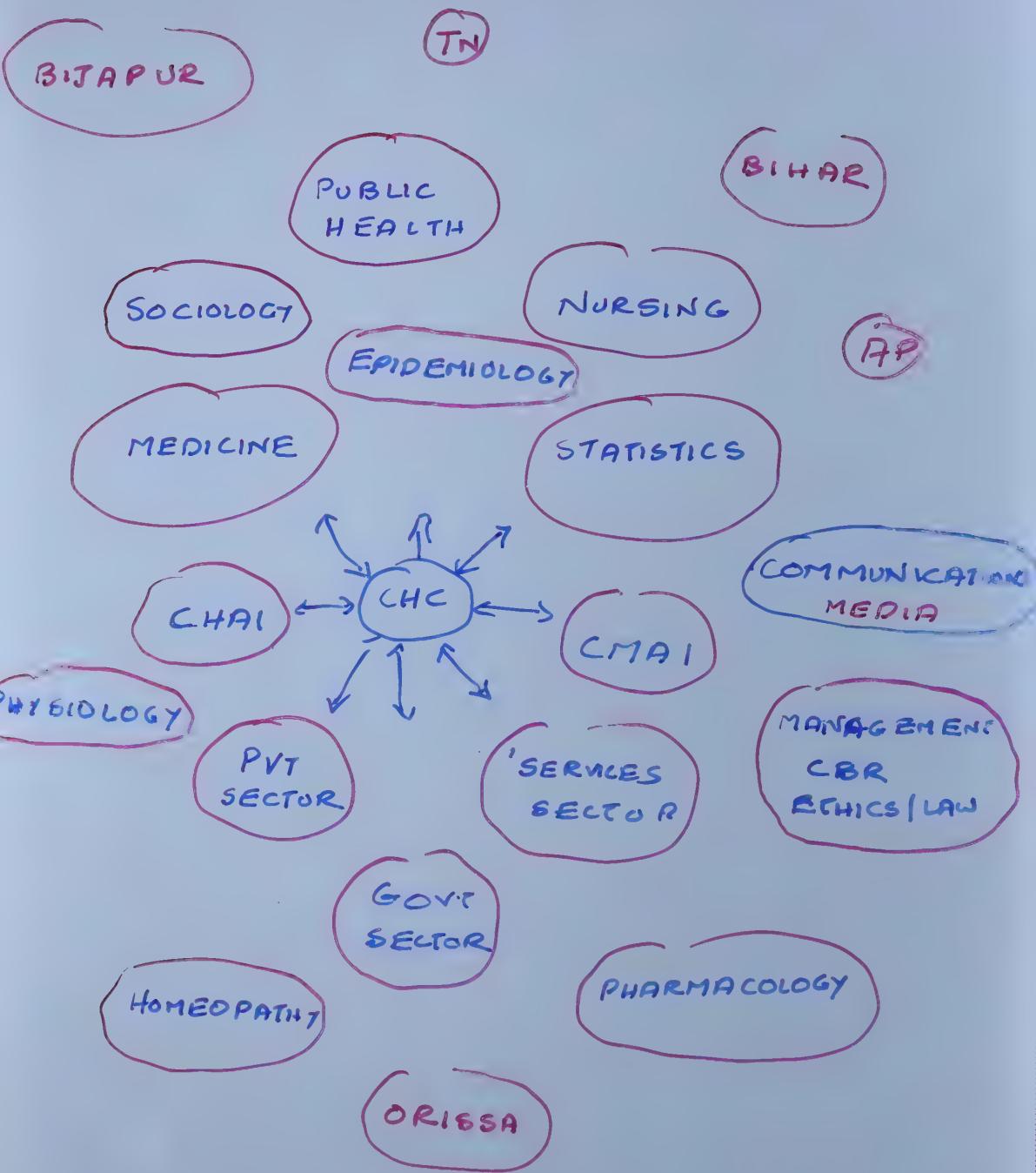
INCOHSI

ભારત
ભારત
INDIA

CHC-SHIFTING FOCUS
1994 →







Issues for discussion

1. 2nd line leadership
2. Training
3. Relationships to other Organizations
4. BIMAROU Initiatives
5. Publications
6. Research, Systems research
7. Burnout
8. Influence policy; advocacy, lobbying

What next?

Catalyst (entire)
Centre

Alliance for movement
Combination of the above
Any other (innovative).

EVOLVING A SCENARIO (100+25)

CATEGORIES

GOVT

EDUCATIONAL INSTITUTIONS

CLINICIAN

PROFESSIONAL/MENTAL HEALTH

BEHAVIOURAL SCIENTISTS

MANAGEMENT

NURSING

DOCTORS

PROFESSIONALS

DOKTOR-ACTIVISTS

NGO/VOLAG

CONSUMER ACTIVIST

JOURNALIST/MEDIA

COORDINATING AGENCY

DEVELOPMENT TRAINER

POLICY RESEARCHERS

RADICAL RELIGIOUS

SOCIETY MEMBERS

Q1

LIST TOP TEN

HEALTH & HEALTH CARE RELATED ISSUES

AND PROBLEMS

WHICH NEEDS

RESPONSE FROM

C.H. Action Initiators?

Q2

TOP TEN ROLES

THAT PROFESSIONAL /TECHNICAL / CATALYST GROUP COULD PLAY?

Q3

ANY OTHER

EMERGING

CONCERNs ?

CD

SPT

PK

SM

DKS

PANKAJ

RAVI. D

MADHUKAR

MJT

ADM

PR

JV

SARA

RAO

RAO

RAO

PRABIR DEY

RAKHAL

SUNIL

YOGESH

CHC SCENARIO BUILDING EXERCISE

MRANA

RAVI

KAMATH

PRASAD

GOPAL

SARASWATH

MADHAV

RAO

AVBALA

- NHANTIA
- PARVATAMMA
- RAJENDRA
- RAJENDRA KUMAR
- FR IRUDAYAM
- THOMAS KAMATH
- MAYA THOMAS
- CHERIAN THOMAS
- KRPA
- RAJENDRA
- RAJENDRA
- RAJENDRA
- RAJENDRA
- PRENA RAMACHANDRAN

- AMMU JOSEPH
- SANJEEV
- RAJENDRA
- RAJENDRA
- FR RABROSE
- RAJENDRA
- FR JOSE
- RAJENDRA
- UNNI-FRUIT
- UMA
- VEDA
- RAJENDRA
- RAJENDRA
- RAJENDRA
- NIMITHA BHARATHI

TOP 10 HEALTH & HEALTH CARE ISSUES

1. COMMUNICABLE DISEASES

2. DRUGS & DRUGS POLICY

3. SANITATION & ENVIRONMENT

4. TSM/ASH (347)

5. MEDICAL EDUCATION

6. ROLE OF GOVT. IN HEALTH CARE

7. WOMEN'S HEALTH & STATUS

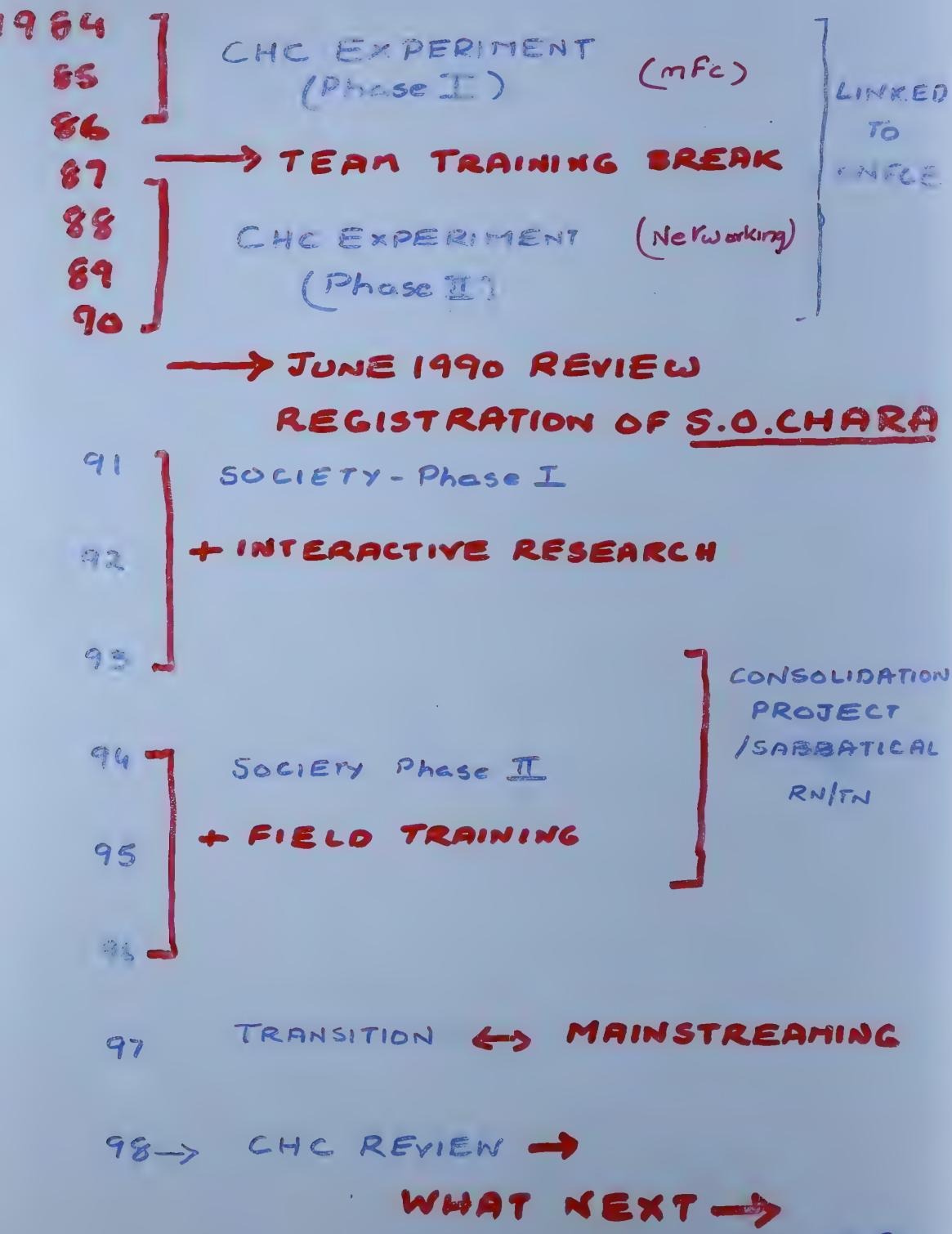
8. HEALTH POLICY ANALYSIS/DEVELOPMENT (207)

9. RESEARCH - NEEDS/INDICATORS

10. PROMOTING 'VOLAG' SECTOR

b) PANCHAYATI RAJ (16)

CHC - PHASES



THE CH
PARADIGM
SHIFT

CH
INFORMATION
AND
ADVISORY
SERVICE

CH TRAINING
PARTICIPATORY
INTERACTIVE

MEDICAL
EDUCATION
REORIENTATION
—
RGUHS

CHC
1990's

ALTERNATIVE
MALARIA
STRATEGY

CBCH/CHAI
HEALTH
POLICY

COMMUNITY
ORIENTED
TUBERCULOSIS
PROGRAMME

WOMENS
HEALTH
EMPOWERMENT
TRAINING

POVERTY
AND
HEALTH
POLICY
DIALOGUE

COMMUNITY ORIENTATION
OF MEDICAL EDUCATION

- DR'S WITH COMMUNITY EXPERIENCE
- MEDICAL COLLEGES
- COMMUNITY HEALTH TRAINERS

CHAI EVALUATION
2,500 HOSPITALS /
HEALTH CENTRES
(NGO SECTOR)

3. MALARIA
INTERACTIVE
COUNTRYWIDE RESPONSE
FROM PRACTITIONERS:
ALTERNATIVE APPROACH

4. TB: POLICY PROCESS &
IMPLEMENTATION OF
NATIONAL TB PROGRAMME,
INCLUSIVE OF POOR
TB PATIENTS, ELECTED REPS,
HEALTH WORKERS,
STATE + NATIONAL LEVEL.

MEDICAL COLLEGES

R.G. UNIVERSITY OF
HEALTH SCIENCES

INTERNATIONAL
NETWORK OF C.O.
EDUCATIONAL INSTITUTIONS
FOR HEALTH SCIENCES

CHANGE OF NAME,
CONSTITUTION, STRUCTURE,
VISION ESPECIALLY TOWARDS
THE IMPOVERISHED AND
COMMUNITY HEALTH.

N.M.E.P.
NGO'S AS TRAINERS
MOU WITH GOVT.

DFID.
MALARIA CONFERENCE

NTP
NGO'S
DFID

THESE LEARNING EXPERIENCES ARE DERIVED FROM

FIRST PHASE - 1974 - 1983



Faculty of Community Medicine
Department at St. John's
Medical College, Bangalore.

- Community Orientation of Medical Education
- Health Care cooperative approaches
- Community Health Workers Training

SECOND PHASE - 1984 - 1993



Coinitiator of Community
Health Cell, Bangalore - A
study, reflection action
experiment working with NGOs
at grassroot level

- Evolving the paradigm shift in community health (the social / community model)
- Evolution of a training and support network for community health action by NGOs and NGO networks

THIRD PHASE - 1994 - 2003



CHC's mainstreaming to
catalyse, alternative health policy
advocacy and policy action

- Campaigns and networking around
 - ↳ Health for All Now
 - ↳ Anti-Health Globalization
 - ↳ Community Mobilization and Partnership
- Help to catalyse / facilitate the people's health movement

(HARDINEHLM) CENTRE FOR COMMUNITY
HEALTH

DR C. M. FRANCIS
DR V. BENJAMIN
DR AK. CHAKRABORTHY
DR. P. ZACHARIAH

VISITING
PROFESSORS
LECTURERS

MS SUJATA DEMACHI
DR PANKAJ MEHTA
DR H. SUDARSHAN
DR PARESH KUMAR

OR
COLLABORAT
RESEARCHER

DR. S. K. KRISHNAN
MR. AS MOHAMED
DR SUKHANT SINGH
DR RAVI DSOUZA/RAMANI

OR
LHC TEAM
MEMBERS

DR ANAND ZACHARIAH

DR MADHUKAR PAI

DR PRASIR.

DR P. E. ADASAN (PCCW)

DR YOGESH JAIN

DR S. S. KALAM

DR PRAKASH RAI

DR. T. NARAYAN

DR CUPAL DR S P - TEKUR

DR MANI KALATH

K. GOPINATH

DR ABHAY SHUKLA

DR MATHEW ABRAHAM

DR SARA

PROF D BANERJI
DR N. H. ANTIA
DR AMARJESANI
DR ANANT PHADKE
DR DHRUV MANKAO
DR ULHAS JAIJOO
DR SATYAMALA
DR MURA SHIVA
DR NARENDER GUPTA
DR ABHAY/RANI
SEARCH
ARCH TEAM
JAMKHED
ROHSA
RTU
CINI
DR UMA/SRI
DR VEDA
DRS. GANAPATHI

ETC

SJMC-CW

CMC-CHAO

43

ACKNOWLEDGEMENTS

- CHC TEAM and Network - Bangalore
- Medico Friend Circle and CHAI
- Voluntary Health Association of India
National - regional network
- Lok Paksh, CMAI, ACHAN
- Fellow Travellers/researchers
SEARCH/ARCH/FRCH/CEHAT/CINI
- Networks - AIDAN - LSPSS - DAFK
AIPSN and others

Additional Reading

Health For All Report ICMR/ICSSR (1981)

State of India's Health (VHA) (1992)

Peoples Health in Peoples Hands (FRCH) 1993

CHC Publications/Reports (1984-94)

Illustrations: Shirdi Prasad Tekur (CHC Team)
Magimai Pragasam (CHC Associate)

COMMUNITY HEALTH AWARENESS TRAINING

JYOTHSADAN MARCH
2000

PARTICIPATORY FRAMEWORK

WHY COMMUNITY HEALTH COURSE ?

TO KEEP HEALTHY

(ONESELF/OWN COMMUNITY)

TO HELP BROTHERS/SISTERS

= SHARE KNOWLEDGE

= FIRST AID / SICKNESS CARE

= HEALTH AWARENESS

= PREVENTION OF DISEASE

= IMPROVE CONDITIONS FOR

HEALTH

= TEACH SKILLS

= PROMOTE HEALTHY LIFESTYLE

POOR/NEEDY/SICK

REMOTE VILLAGES

(ALSO TRIBAL HAMLETS
AND SLUMS)

(AVOID SICKNESS)

(HEALTHY COMMUNITY LIFE)

(AGAINST ADDICTIONS
(UNHEALTHY HABITS))

TO BRING PEOPLE TOGETHER FOR
COMMON PROBLEM SOLVING

TO GIVE SHODAN INFORMATION / KNOWLEDGE
SO THAT IT IS USEFUL TO USE EVEN
OUR ABSENCE !

TO HELP OTHER DISSEMINATE INFORMATION
(HUMAN PROBLEMS)

TO HELP OTHERS GET INVOLVED

ORIENTATION OF HOSPITALS (Secondary/Tertiary Health Services)

① REGIONAL RESPONSIBILITY →



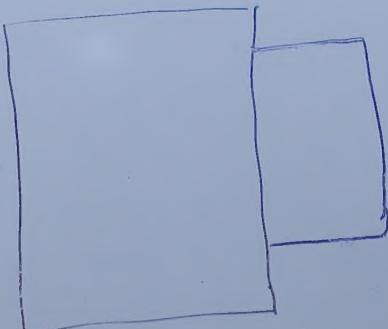
← ② REFERRAL-SERVICES CO. WITH

③ PARTICIPATORY MANAGEMENT AND TEAM FUNCTIONING →



← ④ COMMUNITY INVOLVEMENT IN MANAGEMENT/EVALUATION

⑤ TRAINING OF ALL MEMBERS
AT ALL LEVELS OF HEALTH TEAM
+ CONTINUING EDUCATION



⑥ COMMUNITY DIAGNOSIS
(Epidemiological approach to Problem Solving)

COMMUNITY HEALTH

II

Orientation of HOSPITALS (secondary/tertiary) Health Services

1) HEALTH EDUCATION
(AT ALL LEVELS/WORKERS)

2) APPROPRIATE LOW COST
TECHNOLOGICAL INNOVATION

3) RATIONAL DRUGS
/THERAPEUTIC POLICY

4) MEDICAL PLURALISM

5) SKILL TRANSFER

6) HOSPITAL CULTURE
ADAPTATIONS

ICSSR/ICMR
HEALTH FOR ALL



ALTERNATIVE
MODEL



- COMBINING BEST ELEMENTS OF
 - TRADITION/CULTURE
 - SCIENCE/TECHNOLOGY

- INTEGRATING
 - PROMOTIVE
 - PREVENTIVE
 - CURATIVE

- DEMOCRATIC/DECENTRALISED/PARTICIPATORY

- ORIENTED TO PEOPLE < ADEQUATE HEALTH CARE
TO EVERY ONE
SPECIAL CARE OF
VULNERABLE

- ECONOMICAL

- FIRMLY ROOTED IN THE COMMUNITY

- INVOLVING COMMUNITY IN

- PROVISION OF SERVICES

- INCREASING CAPACITY
TO SOLVE PROBLEMS

TOWARDS HEALTH FOR ALL

